

Members

Sen. Connie Lawson, Chairperson
Sen. Patricia Miller
Sen. Allie Craycraft
Sen. Earline Rogers
Rep. Charlie Brown
Rep. Peggy Welch
Rep. Vaneta Becker
Rep. Timothy Brown
Greg Wilson, M.D.
Beverly Richards
Michael Urban, M.D.
Beth Compton



COMMISSION ON EXCELLENCE IN HEALTH CARE

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MEETING MINUTES¹

Meeting Date: September 17, 2002
Meeting Time: 1:00 P.M.
Meeting Place: State House, 200 W. Washington St.,
House Chambers
Meeting City: Indianapolis, Indiana
Meeting Number: 2

Members Present: Sen. Connie Lawson, Chairperson; Rep. Charlie Brown; Rep. Vaneta Becker; Greg Wilson, M.D.; Beverly Richards; Michael Urban, M.D.; Beth Compton.

Members Absent: Sen. Patricia Miller; Sen. Allie Craycraft; Sen. Earline Rogers; Rep. Peggy Welch; Rep. Timothy Brown.

Chairperson Connie Lawson called the Commission on Excellence in Health Care to order at 1:15 P.M. Senator Lawson announced that the additional topic, reduction in the number of birth defects, assigned to the Commission by the Legislative Council, would be added to the work plan of the Health Care Data and Quality Subcommittee. Senator Lawson also reported that the written report of the Long Term Care Subcommittee had been resubmitted by Ms. Kim Dodson for the official record of the Commission. (Attachment A) The Chairperson then called for a report on the coordination of the subcommittee work plans.

Beverly Richards, DSN, RN, Chairperson, Health Care Professionals Subcommittee

Dr. Richards reported that the subcommittee chairpersons had met and discussed the issue of coordination of work effort among the four subcommittees. They concluded that the issues the subcommittees are investigating are global in nature, but that each work plan approaches the subject from different perspectives. She added that the subcommittees are not duplicating or overlapping subject areas. The process of the chairpersons meeting to review the progress of

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all four subcommittees was determined to be of value, and the chairpersons agreed to meet again.

Representative Charlie Brown asked if the subcommittees would require any resources in the next year. Dr. Richards responded that some of the volunteer participants in the Subcommittees come some distance to attend meetings. She also added that the expense for mailings to her subcommittee members are paid by Jim Jones, Executive Director of the Indiana Council of Community Mental Health Centers. Representative C. Brown suggested that the subcommittees keep track of expenditures with the idea that they might seek retroactive reimbursement.

Senator Lawson suggested that if the subcommittees wanted to request a budget for expenses or assistance, they should do so by December 2002.

Dr. Urban suggested that a date be established for the subcommittee chairpersons to re-evaluate the coordination of the work plans. Dr. Richards agreed to do so.

There was additional discussion regarding the mailing of notices to subcommittee members and interested parties. Representative C. Brown asked if the Legislative Services Agency could make the internet site available for use by the subcommittees.

Representative C. Brown raised the issue of the October 1, 2002, interim report deadline and questioned whether the final report would also be due on October 1, 2003. Rep. C. Brown made a motion that the Commission endorse legislation changing the final report deadline to October 31, 2003. Rep. Becker seconded the motion and there was a unanimous vote of assent by the seven members present.

Melissa Durr, Executive Director, Indiana Association of Area Agencies on Aging

Ms. Durr presented a Long Term Care Subcommittee proposal for potential legislation (see attachment B). She stated that the proposal was the product of work done by members of the Long Term Care Subcommittee and discussions with Senator Simpson. The proposal was outlined as a work in progress; it was presented to the Commission at this time so that the concept could be recorded in the Commission's interim report .

Ms. Durr commented that the current long term care system does not make good fiscal sense or constitute good long term care policy. The financial incentives of the Medicaid system promote expensive institutional care over home-based care, driving up the long term care system cost. She went on to mention that the population is aging and that meeting the needs of an increasing elderly population will be a public policy concern for years to come. Based on these findings, the Long Term Care Subcommittee developed the following recommendations for the Commission's review:

- 1) Eliminate the fiscal barriers that exist between the Medicaid entitlement and the Medicaid Home and Community-Based Waivers. At the present time, the two programs have separate funding pools and different financial eligibility standards even though Waiver services clients must meet the same physical criteria needed to be admitted to a nursing facility. The Subcommittee recommended:
 - (a) an individual who meets the current eligibility standards for nursing home care should be permitted to choose home and community-based care or nursing home placement, as appropriate to the individual's specific needs; and
 - (b) expenditures for home and community based care should be limited to less than 100% of the institutional average per capita expenditures.
- (2) The Medicaid spousal impoverishment provisions protect certain assets for the spouse remaining in the home if one of the partners must be institutionalized. Asset protection for spouses is not applicable for waiver services eligibility. The Subcommittee

recommended that Indiana should adopt the spousal impoverishment guidelines for waiver services eligibility.

(3) The Subcommittee identified a lack of community-based options and programs available to individuals. The Subcommittee recommended that a state program of incentives and community assistance be developed to build the availability of continuum of care services. The types of services to be addressed would include: homemaker and attendant care services, support services for primary or family caretakers, adult day care, congregate living services and adult foster care, respite services, hospice services, training programs for providers, and other services necessary to prevent the institutionalization of eligible individuals.

(4) The Subcommittee recognized that, often, unpaid family members are caregivers for individuals with special needs. The Subcommittee recommended the creation of a Caregiver Support program.

(5) Finally, the Subcommittee encouraged the development of state programs to provide incentives for nursing home facilities to convert long term care beds to alternative uses such as assisted living, adult day care, or hospice facilities.

Jennifer Cohn, R.N., Stroke Coordinator, Clarian Health

Ms. Cohn gave a brief report on the problem of stroke in Indiana. She reported that Indiana ranks 15th in the nation in incidence of strokes. She cited other statistics on stroke and heart attacks and associated risk factors.

Representative C. Brown asked Ms. Cohn to define what she meant by the term “stroke”. She responded that a stroke is a condition caused by blocked blood flow to the brain.

Dr. Anna Miller, Indiana Director of Cancer Control, Great Lakes Division of the American Cancer Society

Dr. Miller gave a brief report on the status of cancer registry data. Dr. Miller reported that accurate data for cancer incidence, stage, and mortality is essential to establish performance benchmarks for the system. The current system of reported and recorded data collected by the Department of Health is not all it should be. The American Cancer Society (ACS) does not advocate increasing the regulatory burden on private providers, but does support efforts to increase voluntary compliance with tumor registry requirements. The ACS is advocating for more resources for the tumor registry in Indiana and suggested that Tobacco Settlement funds would be an appropriate source of increased funding.

Senator Lawson asked Dr. Wilson what the requirements are to be a qualified cancer registrar. Dr. Wilson responded that Cancer Registrars are trained to abstract medical charts for data with regard to staging and typing tumors, clinical features, and demographic and occupational history of the patient. The abstracting process is complicated, and very few university-trained registrars are available. The state must contract for the abstracting services since the trained personnel are very scarce.

Representative C. Brown commented that Indiana was one of nine states included in a National Governor’s Association (NGA) study. This was reported at the Policy Academy on Chronic Disease recently held in San Francisco. He asked if Indiana would be able to include the subcommittees of the Commission in this work.

Dr. Wilson responded that ten people from the state had attended the NGA Conference. This group identified key areas that present large problems for states. Data showed that Indiana ranked in the lower third among states for chronic disease outcomes. As a result of the process, the Department of Health decided to investigate chronic diseases. The Department has formed task forces on diabetes, cardiovascular disease, asthma, and cancer. A consultant from Seattle is providing technical assistance in looking at medical case management practices.

Commission on Excellence in Health Care, Interim Report

Senator Lawson reviewed the Commission's required Interim Report due October 1, 2002. She outlined that this report would consist of the year two and year three Legislative Council charges, the minutes of the two meetings held in 2002, the subcommittee progress reports for the last year, the report on coordination of the subcommittees, and the recommended proposed legislation dealing with the timing of the Commission's final report. Representative C. Brown made a motion to accept a report so drafted; Rep. Becker seconded the motion. The motion was approved by consent of the seven Commission members present.

Senator Lawson requested that LSA staff ask if subcommittee mailings could be handled by the Legislative Services Agency and if the internet site could be used for the subcommittees.

The next meeting of the Commission was scheduled for October 22, 2002.

The meeting adjourned at 2:05 P.M.